U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Fadure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3207 /	2. Fiscal Year Covered From:
·	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MICHAEL F MCNISTY	Name SCREEN ACTORS GUILD
,	Labor Organization File Number 500 - 113
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2143 GREENFIELD AVE.	Street 575 WILSHIRE BLVD.
City LOS ANGELES	City LOS ANGELES .
State CA ZIP Code + 4 9 00 2 5	State Cold ZIP Code + 4 90036 - 36
5. Position in labor organization.	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4	/	

Signature

15. Signature and vertication. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _

on 8-14.05

323-549-6604

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.
dealing with your labor organization or with a trust in which your labor organization is interested.

dealing with your labor orga	inization or with a trust in which your labor of	rganization is interested.
3. Name and address of Bus	iness (including trade name if any).	9. Business deals with:
Name		a. Labor Organization
Trade Name, if any:		b. Trust
P.O. Box, Bldg., Room No.,	if any	c. Employer
Street		
City		
State	ZIP Coce + 4	
10. If 9.b. or 9.c. is checked	give trust or employer's name	11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No.,	if any	
Street		11.b. Approximate dollar value of such dealing.
City		12.a. Nature of interest held or income received.
State	ZIP Coce + 4	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name The INOLE GROUP	\$50.00
Trade Name, if any:	GIFT CARD
P.O. Box, Bldg., Room No., if any Suite 709	
Street 11661 SAN VICENTE BLVD	
City LOSANGELES	
State <i>CA</i> ZIP Coce + 4 90049	
13.b. Is the Business an Employer or Consultant Party?	14.b. Amount of payment. 50° 00

12.b. Amount.